

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Moram
 Secretary of State
 DIVISION OF CORPORATIONS

95 MAY - 1 PH 2: 19

DOCUMENT # 551005 (2)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name
THE G-M COMPANY

700001515077
-06/16/95--01037--015
******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
 P.O. BOX 555237 P.O. BOX 555237
 ORLANDO FL 32855-2237 ORLANDO FL 32855-2237

3. Date Incorporated or Qualified **11/08/1977** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 28 Zip 29 Country 30 Zip Country

4. FEI Number **59-2473229** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MORALL, BEN, JR.
206 MORTON LANE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORALL, DORIS
STREET ADDRESS	206 MORTON LANE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	VPD
NAME	MORALL, BEN JR.
STREET ADDRESS	206 MORTON LANE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	SD
NAME	MORALL, DENIYA
STREET ADDRESS	6266 WHISPERING WAY
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	MORALL, WENDELYN
STREET ADDRESS	206 MORTON LANE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	D
NAME	MORALL, MONICA
STREET ADDRESS	206 MORTON LANE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	D
NAME	MORALL, BEN III
STREET ADDRESS	206 MORTON LANE
CITY - ST - ZIP	WINTER SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

remitted by 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris S. Morall* *Doris S. Morall* 6/9/95 407-695-0451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)